

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

663-047357

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 207

FILED DEC 30 1963

VS 300  
Rev. 4/59

0201

20201

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. NAME OF DECEASED a. COUNTY <u>Cedar</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Co. Mem. Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cedar</u> c. CITY OR TOWN <u>El Dorado Springs</u> d. STREET ADDRESS (If outside, give location) <u>508 S. Grand</u>	
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>Raymond</u> Last <u>Oakes</u>		4. DATE OF DEATH Month <u>December</u> Day <u>21</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-26-1893</u>
9. AGE (last birthday) <u>70</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months <u>1</u> Days <u>2</u> Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cedar Co., Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Richard Oakes</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Burt</u>	
14. NAME OF HUSBAND OR WIFE <u>Alva May Oakes</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>	
16. SOCIAL SECURITY NO. <u>93</u>		17. INFORMANT <u>Alva M. Oakes, El Dorado Spgs. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Metastases</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Branchogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>4 MONTHS</u> <u>5 MONTHS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CHRONIC LUNG Disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)	
20c. TIME OF INJURY Hour <u>4:05 P</u> a.m. <u>12/21/63</u> p.m. <u>12/28/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>SEP 1963</u> to <u>12/21/63</u> and last saw him alive on <u>12/28/63</u> Death occurred at <u>4:05 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. H. Stewart M.D.</u>		22b. ADDRESS <u>8085 - Main Springs, Mo.</u>	
22c. DATE SIGNED <u>12/24/63</u>		22d. LOCATION (City, town, or county) (State) <u>Cedar County Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-24-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Coplinger Mills Cem.</u>	23d. LOCATION (City, town, or county) <u>Cedar County Mo.</u>
24. FUNERAL DIRECTOR <u>Gwinn-Carothers, El Dorado Spgs. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-26-63</u>	
26. REGISTRAR'S SIGNATURE <u>Joe E. Buchanan</u>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed May W. Dickerson

Licensed Embalmer No. 4696

P. O. Address Q. Durado, Sps., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No Permit Obtained